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PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/619,258
	Filing Date	July 11, 2003
	First Named Inventor	Jason R. Kirsch
	Art Unit	3651
	Examiner Name	Rashmi K. Sharma
Total Number of Pages in This Submission	Attorney Docket Number	0100024.0532761

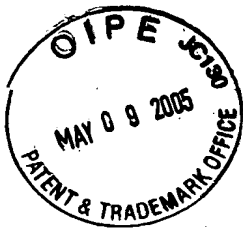
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	FROST BROWN TODD LLC		
Signature			
Printed name	Kevin S. Sprecher		
Date	May 5, 2005	Reg. No.	42,165

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PTO/SB/82 (09-03)  
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Application Number	10/619,258
Filing Date	07/11/2003
First Named Inventor	Kirsch
Art Unit	3651
Examiner Name	Sharma
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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26874

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Jason R. Kirsch

Signature

Date

March 14, 2005

Telephone

(306) 275-2300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/82 (08-03)  
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Application Number	10/619,258
Filing Date	07/11/2003
First Named Inventor	Kirsch
Art Unit	3651
Examiner Name	Sharma
Attorney Docket Number	

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OR

☐ Firm or  
Individual Name

Address

Address

City

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name  
Bourgault Industries Ltd.

Signature

Date  
March 14, 2005

Telephone  
(306) 275-2300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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